SPECIALTY QUALIFICATION TRAINING RECORD (SQTR) Agency Liaison – Level 3				
NAME (Last, First, MI)	CAPID		DATE ISSUED	
	0,		27112 100023	
Prerequisites				
Item		Date Complete	ed	
Qualified Operations Section Chief	aujoito troin	ing for the egon	ny liainan I layal 2 annaialty	
The above listed member has completed the required prerequisite training for the agency liaison - level 3 specialty.				
UNIT/WING/REGION COMMANDER OR	-	DATE		
AUTHORIZED DESIGNEE'S SIGNATURE				
Familiarization an	d Preparato	ry Training		
			valuator's CAPID and	
Task		T	Date Completed	
Complete NIIMS G193 or equivalent				
The above listed member has completed the required familiaison - level 3 specialty qualification and is authorized to s				
missions.	erve in mac	specially wrille s	upervised on training or actual	
THIOGISTIC.				
		·		
UNIT/WING/REGION COMMANDER OR DATE	ΓΕ			
AUTHORIZED DESIGNEE'S SIGNATURE				
Advand	ed Training	1		
/ turun	ou mumig		valuator's CAPID and	
Task			Date Completed	
Complete Task C-4000 Demonstrate the ability to select an incident				
Complete Task C-4001 Demonstrate ability to complete an IC				
Complete Task C-4002 Demonstrate ability to develop and an incident Action Plan (ICS Forms 202-206 with attachme				
Complete Task C-4003 Demonstrate ability to closeout a mission				
including completion of ICS Form 115				
Complete Task C-4004 Demonstrate the ability to conduct	a major			
incident briefing				
Complete Task C-4005 Demonstrate the ability to coordina	te with			
other agencies Complete Task C-4130 Demonstrate the ability to select ar	nd establish			
a suitable staging area	ia ootabiion			
Complete Task P-0101 Demonstrate ability to keep a log				
Complete Flight Release Officer training				
Complete the appropriate portion of CAPT 117, Emergency	/ Services			
Continuing Education examinations The above listed member has completed the required family	iarization an	d preparatory tra	pining requirements for the (insert	
The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual				
missions.		, op 000000	o op on the order of the order	
UNIT/WING/REGION COMMANDER OR DATAUTHORIZED DESIGNEE'S SIGNATURE	l E			
AUTHORIZED DESIGNEE 3 SIGNATURE				

AL3 SQTR, APR 05 OPR/ROUTING: DOS

The above listed member satisfactorily participated as mission number	ercise Participation an agency liaison - level 3	3 trainee under my direct supervision on		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE			
The above listed member satisfactorily participated as mission number	an agency liaison - level 3	3 trainee under my direct supervision on		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE			
Unit Certification and Recommendation The above listed member has completed the requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.				
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE			

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